

# Paterson Public Schools Attendance Procedures



**2012-2013**

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Human Resources Information Systems Manager

*"Our Children, Our Future"*

**Memo #05-057**

**TO:** Assistant Superintendents  
Coordinating Directors  
Directors  
Supervisors  
Building Administrators

**FROM:** Maria E. Gonzalez  
Human Resource Information Systems Manager

**RE:** **Staff Attendance Procedures**  
**School Year 2012-2013**

**DATE:** July 1, 2012

Please find attached the Paterson Public School District Staff Attendance Procedures for all employees. These procedures are to be followed for proper record keeping. Please ensure that each employee scans in/out daily, and allow 3 seconds before the next employee scans in/out to ensure proper posting to the timecard.

Kindly post these procedures by all time clock devices:

Effective July 1, 2007, all employees will scan-in/scan-out.

**\*Attendance Office throughout the attendance procedures refers to Maria Gonzalez, 90 Delaware Avenue, 3<sup>rd</sup> Floor.**

If you have any questions or concerns regarding this matter, please call me at (973) 321-0744.

**Attachment**

c: Dr. Laurie W. Newell, Chief Innovation and Reform Officer  
Ms. Jacqueline Jones, Executive Assistant to the Superintendent  
Ms. Jaime Cangioli-Murphy, Interim Director of Human Resources  
Mr. Luis M. Rojas, Labor Relations Officer

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## **PATERSON PUBLIC SCHOOLS STAFF ATTENDANCE PROCEDURES**

All Staff including but not limited to Assistant Superintendents, Coordinating Directors, Directors, Supervisors, Coordinators, Building Principals, Teachers, Instructional Assistants, Secretaries, Custodians, Cafeteria Workers, Parent Coordinators and Security Guards are required to adhere to the attached attendance procedures. All employees will scan-in/scan-out effective July 1, 2007.

### **Accuracy of Attendance, Site Scan-in/Scan-out Procedure and the Edumet System**

All Attendance must be entered into the Edumet system for all employees in the District by 3:00pm. A daily review of attendance will be monitored and Assistant Superintendents, and all Administrators will be notified if their location's attendance has not been entered by 3:00pm each day. The Superintendent, Assistant Superintendents, Department Administrators, and timekeepers will receive a Kronos Exception Report emailed daily for the previous day.

Ultimately, it is the responsibility of every employee as well as the Building Administrator, Assistant Superintendents, and all Administrators to ensure accuracy of employee attendance in each location. Anything short of accurate daily attendance being entered into the system will be categorized as falsification of information and neglect. If this occurs, disciplinary action will be taken for those individuals responsible in said locations. The scan in data collected at each location is the permanent record and therefore that information must be entered into the Edumet system daily. Scan in/out reports from one year to the next must be on file at the site for future reference.

### **PERFECT ATTENDANCE**

If a site has perfect attendance on a given day there is a button on the screen to click for validation. This will ensure that attendance has been entered daily.

### **CODES FOR ATTENDANCE**

The only codes for attendance recording are the following:

- B - Bereavement Day
  - C - Conference Day
  - D - Docked (When available days have been used)
  - F - Field Trip
  - I - In-service/Workshop
  - J - Jury Duty
  - P - Personal Day
  - H - School Business Day
  - S - Sick Day
  - ST - Staff Development
  - U - Union
  - T - Tardy
  - V - Vacation Day
- No other codes should be entered into the Kronos system. Unidentifiable codes such as an X or an A are prohibited.

Logistics – Workshops, In-services, Conferences, Field Trips, and Bereavements must be approved prior to entering these codes in the automated system.

In-Service Day Workshops: Attendance at In-service workshops and District Staff Development will be submitted by the responsible Administrator of the workshop/staff development to each school principal daily to be entered into the Kronos system. All staff members must scan in at the workshop/staff development sessions. Failure to scan in will result in a “blank” for the day.

Every attendance site in the district that has a Kronos Time Detail Report for staff must also run a tardy roster daily. There are no exceptions to this procedure. (This includes schools, academies, central offices, departments and all sites.)

### **Employees – Out of Sick and Personal Days/Retirement and Resignation**

The responsible Administrator must make a concerted effort to assist the district to avoid paying employees who are out of sick or personal days and continue to be absent. Cooperation and coordination with the Office of Time and Attendance is imperative. It is incumbent upon the responsible administrator to inform the attendance keeper to contact Maria Gonzalez at ext. 10748 when an employee continues to be absent and has used all of their sick, personal and/or vacation days.

If an employee has Direct Deposit, the payment is electronically sent to the bank 5 days prior to payday. It takes payroll 5 days after payday to receive credit back from the bank and be able to issue a paycheck for the correct amount.

If the employee returns to work before June 30<sup>th</sup>, the District can recover the overpayment within that fiscal year. If the employee returns in September or not at all, the District has lost money for that particular fiscal year.

Employees must maintain a balance of at least 10 sick, personal, or vacation days in their account in order to continue with direct deposit.

Any employee planning to retire or resign should give notice in writing to the Department of Human Resources. Paychecks should not be generated after the date of resignation or retirement.

On payday, a payroll roster is enclosed with paychecks and direct deposit slips that should be verified every pay period by the responsible administrator. Forwarding of paychecks or direct deposit slips to employees that are not working is not permissible and those paychecks and direct deposit slips must be hand-delivered to the Payroll Department immediately to avoid over payment.

**Administrative Personnel - Will Be Responsible For Monitoring the Attendance of All Staff Under Their Purview.**

1. Paterson Public School employees are required to notify their administrator, supervisor and/or timekeeper if planning to be absent, and must indicate what type of absence will be taken (Personal Day, Sick Day, etc.). *All PEA members who require substitute coverage should report their absence by calling the SubFinder automated system at (973) 321-2370, before 7:15 am the day of the absence. Staff members who are not required to call the automated system must report their absence by calling their administrator.*
2. As new or transferred employees enter a location, they should be advised by the Administrator the procedures for scan-in/scan-out, absence reporting, and the timekeeper responsible for their attendance. Employees who have shared time at more than one site can scan in/out where they are each day of the week.

**The following scan-in/scan-out procedures are new for the 2006-2007 school year as a result of the PEA, Paterson Education Association contract agreement.**

**3. 7:1-1 Scan-in/Scan-out Procedures**

Effective July 1, 2007 all employees will indicate his/her presence for duty and departure by scanning in/out in accordance with District policy.

**Failure to Scan-in/Scan-out**

Definition: An employee shall have failed to scan-in/scan-out, if they have not been tardy and have not communicated their presence for duty to the building Administrator or other Administrator by the next scan in opportunity or by the next scan out opportunity.

The procedure for scanning in/out when working a regular day, after school programs and all overtime:

Regular schedule

Swipe in/out regular day

Overtime

Swipe in/out (hours beyond regular work day or weekends)

After School Programs

Swipe in/out at Program Site

**Only employees remaining in the same location and responsible for supervising children for the afterschool program will not have to scan in/out between regular hours and overtime hours. These employees can swipe out at the end of the program day.**

Employees on school business may swipe in/out out at another location on that particular day.

**Penalty Procedure**

Should the District allege a staff member failed to scan in as required in this Article, the employee shall be notified by the District no later than the end of the next work day. In this way, the employee shall be given the opportunity to explain or challenge the claim s/he did not scan-in. If not notified, the allegation of failure to scan-in shall be waived for that incident.

Upon the first occasion during a school year of failure to scan-in/scan-out, while present for work, the building Administrator/designee or other Administrator will issue a verbal warning to the employee, maintaining a record of the notice.

**Sample X, Y, Z, AA**

After the second incident, the same procedure will be followed. In addition, a written notice of the scan-in/out requirement and the staff member's obligation to scan-in/out will be given to the employee.

After the third incident the administrator will conference with the staff member to ascertain why a problem with scanning in/out still exists. The administrator will make every attempt to help the staff member to remove any obstacles to her/his scanning in/out. A warning letter of possible disciplinary action upon the next incident shall be issued.

**Sample X,Y,Z, AA**

After the fourth incident, and provided that the required notice has been given by the administrator, employees shall be penalized by being docked as follows:

**Sample X, Y, Z, AA**

Certificated Staff      \$33.00

Support Staff            \$16.50

After the fifth incident, and for each incident thereafter, the employee shall forfeit one day's pay.

**Sample X, Y, Z, AA**

Prior to any pay forfeiture by an employee, the employee shall have the right to challenge the action by the District in the grievance and expedited arbitration procedure. The loser shall pay the arbitrators costs as defined in Article 3 of this Agreement. The employee must challenge this forfeiture within the contractual time frame (35 calendar days).

In those cases when a staff member is assigned to report to an alternative work site, the employee shall scan in/out at the alternative site in fulfillment of the requirements of this article.

After each occasion of failure to scan in/scan out while claiming to have been present for work, the employee may provide proof of presence, which must include confirmation of the time of arrival or departure.



## Tardiness

On the fourth (4<sup>th</sup>) tardy, a warning will be issued; on the fifth (5<sup>th</sup>) tardy and any subsequent tardy thereafter, a half day's pay will be deducted from an employee's paycheck. An employee cannot use comp time when they are tardy unless comp time has been accumulated and approved prior to being tardy. These forms should be submitted to the Assistant Superintendent of the division responsible for said location for signature and then submitted to the Staff Attendance Office.

**See Samples R and SI-III**

4. All Administrators are to scan in at the District site they are visiting in the morning prior to going into their office. The same procedure applies to scanning out if an administrator is not in their office at the end of their work day.
5. All staff are not allowed to scan-in or out for other employees.
6. Each department must assign two staff members as timekeepers.  
  
Each timekeeper must use proper coding when recording absences in the book and Edumet system. (ie. "P" for personal day, "V" for vacation day, "S" for sick day, etc.)  
  
The timekeepers will not be allowed to use unidentifiable absence codes such as: "X" "A" or any other unassigned code.
7. Absences for all employees must be entered in the Edumet system on a daily basis by 12:00 noon, (this includes custodians and fulltime cafeteria workers).
8. Timekeepers are not allowed to enter their own absences in the computer system. Therefore, it is necessary that every site has a timekeeper and an alternate timekeeper.
9. Each week administrators are required to review the Kronos Time Detail Report and the Edumet Attendance Register Report #11 to ensure that all staff under their purview have complied with this policy. **To that end, each week all administrators will sign the attendance report, or approve Kronos employee Timecard for payroll purposes for that week, taking responsibility that his or her staff has properly recorded all attendance, and absences are properly coded.**

The attendance keeper will run a weekly attendance register report from the Edumet Automated System for each location on Monday morning for the previous week. The absences listed are to be verified with the Kronos Time Detail Report. The responsible administrator or designee for each site will sign and date as verification of the reports' accuracy. The school locations will keep their weekly Kronos Time Detail Report and the Edumet Attendance Register at their respective schools and/or departments.

10. In addition, Paterson Public School's personnel are not permitted to work during breaks or lunch periods in order to leave early unless prior approval is given in writing by their supervisor.

11. *After four (4) consecutive absences (sick days) employees will be requested by the administrator or district to submit a doctor's note. The doctor's note must be forwarded to the Staff Attendance Office.*

Administrators are required to ensure that their staff provides the above documentation to the Staff Attendance Office.

12. **Workers' Compensation days** - Can only be recorded by the Staff Attendance Department, after the approval of the Risk Manager, who is communicating the judgment of the Third Party Administrator. (CCMSI, 3535 Route 66 Bldg. 6, Neptune, NJ 07753 1-888-918-9111)

The responsible administrator must ensure that the Risk Management Office is notified when an employee is out due to a work related incident.

Timekeepers must charge these days as "S" sick days. The Staff Attendance Department will change them to "W" Worker's Compensation days when the proper documentation is received and approved.

13. **Requirements for Jury Duty** – Employees must submit the following documentation to their immediate Administrator, who will initial it and send it to the Staff Attendance Office:

Original petition to serve as juror from the county in which they live;

A copy of confirmation of days served from the county clerk;

If excused from jury duty prior to 11:00 a.m. you must report back to work. The district will confirm time excused by contacting the jury duty manager.

See Samples A - B

14. **Requirements for Bereavement Days** – Paterson Public School's employees must call in to notify their Administrator regarding the request of bereavement days. All PEA members who require substitute coverage for bereavement days should report their absence by calling the Sub-Finder automated system at (973) 321-2370, before 7:15 a.m. the day of the absence. Staff members who are not required to call the automated system must report their absence by calling their administrator. Upon returning to work, all employees must submit the Bereavement Form to their immediate Administrator, who will initial it and send it to the Staff Attendance Office.

Bereavement forms for Paterson Education Association, Cafeteria, COSA, Directors, Confidential Secretaries, Paterson Administrator's Association, Paterson Custodial Maintenance Association, Principal's Association and Non-Bargaining Members are attached.

See Samples C – M

15. **Requirements for Leave of Absence** – A "Leave Form" must be completed by the employee requesting a leave of six (6) or more days. The Leave Form must be submitted directly to the Director of Human Resources who will respond to the employee in writing and forward the leave request to the Staff Attendance Office.

A medical leave requires a properly completed leave form with a projected date of return to work. A medical clearance note must be presented when an employee returns to work and sent to the Staff Attendance Office.

All leaves of absences with or without pay will not be approved for an indefinite period of time, therefore, a return to work or re-evaluation date must be provided. If the medical diagnosis is not clear, the leave of absence may not be granted or maybe delayed.

Return to work date must be called into Maria Gonzalez at ext. 10748, so the employee may be placed back on payroll. If Maria Gonzalez is not notified, the individual will not be on payroll and therefore will not be paid promptly. Failure to report return to work date to the Staff Attendance Office will result in discrepancies with the calendar bank and payroll.

See Samples N

16. **Requirements for Compensatory Time** – The Paterson School District does not allow for Compensatory time. However, based on dire need Compensatory time may be approved if it is requested and approved in advance by an Assistant Superintendent, Coordinating Director of Secondary Education or Director. No employee can accumulate compensatory time prior to receiving approval. No employee can use accumulated approved compensatory time without prior approval.

- Approval to accumulate and use accrued compensatory time must be granted by the Assistant Superintendent/Coordinating Director or Director. An employee cannot use comp time when they are tardy unless comp time has been accumulated and approved prior to being tardy. The employee must also notify the attendance timekeeper before their scheduled scan-in time.
- Once the form is approved, the Assistant Superintendent will send the compensation form back to the school/department. The Compensation Form will be given to the timekeeper to keep record of time used and balance.
- When an employee is ready to use Compensatory Time and all approvals are complete on the form the Timekeeper will provide the Staff Attendance Office with a Leave Request Form indicating the date Compensation Time will be used. The Staff Attendance Office will input all Compensation Time into Kronos.

See Sample O

17. **Military Leave Request** – Military leave form request must be completed, signed by immediate Administrator and sent to the Staff Attendance Office in advance of the Leave start date. Proper documentation from the military must be attached to the leave request form.

See Sample P

18. **Change Form for Accumulated Days** – Change form for accumulated days must be utilized to change a recorded day to another type of absence. (i.e.: changing personal day to sick day or sick day to actual work day, etc.) The employee must sign-off on the day, as well as the immediate Administrator, and send to the Staff Attendance Office.

**See Sample Q**

19. **Requested Vacation Days** – All vacation days must be pre-approved and forwarded to the time-keeper. Vacation request forms should be kept as permanent record of each school or District location. All vacation days must be entered in the Edumet system. Twelve month employees need to submit a schedule for additional work days for each year, and should request approval from their Assistant Superintendent by June 30<sup>th</sup> of each year. Members of the Paterson Administrator's Association and Principal's Association do not accrue vacation days, and are required to work "185" school days and extra days according to their particular contract. These extra work days must be recorded in the manual sign-in book as well as the Kronos system.

**See Sample T-W**

20. **Sign In-Out Visitors** – All visitors must sign-in with name and time at the security desk when entering any district site and sign-out with the time upon leaving the site.
21. **Telephone Protocol** – Administrators must ensure that District telephones are answered by a "live" person during operational hours. All locations must assign specific employees (secretaries/office workers) to cover the telephones during all work hours.

# SAMPLE A

**&L. 20:20-111b. Every person summoned as a grand or petit juror who shall either fail to appear or refuse, without reasonable excuse, to serve, shall be liable for a fine not to exceed \$500 ... or may be punished for contempt of court.**

**1**

**You are summoned to appear at the  
Superior Court, 401 Grand Street  
Paterson, NJ to serve as a PETIT JUROR. You  
must report on 05/08/2006 at 10:00 a.m. Term  
of service is 3 days or 1 Trial.  
BY ORDER OF THE COURT  
HON. Robert J. Passer<sup>o</sup>, Assignment Judge  
Paterson, New Jersey**

11111111111111111111111111111111

**100816455**

**Group No. 05**

**Juror No.: 0167**

**BRING THIS SUMMONS WHEN YOU REPORT**

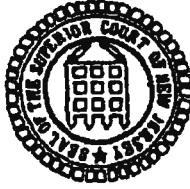
**MAIL BACK THE YELLOW SECTIONS; FOLLOW ALL REPORTING INSTRUCTIONS.**

**J U R O R**

# **SAMPLE B**

## **SUPERIOR COURT OF NEW JERSEY PASSAIC VICINAGE**

**ROBERT J. PASSER()**  
**Assignment Judge**



**HAYLEY ENCARNACION**  
**Court Executive/Jury Manager**

**PASSAIC COUNTY ADMINISTRATION BLDG**  
**401 Grand Street, Room 320**  
**Paterson, New Jersey 07505**  
**Phone N : (973) 247-8072**  
**Fax N : (973) 2474134**

## **SAMPLE C**

### **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

### **BEREAVEMENT LEAVE FORM FOR PEA MEMBERS**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

1. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. Three (3) days for related members living in your immediate household.
3. Days taken in accordance with this provision shall be consecutive workdays, one of which shall be the day of the funeral.
4. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

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**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

## **SAMPLE D**

### **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

#### **BEREAVEMENT LEAVE FORM FOR CAFETERIA MEMBERS**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

1. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. Entitled to a total of three (3) calendar days leave for death of related members of the immediate household.
3. Days taken in accordance with this provision shall be consecutive workdays, one of which shall be the day of the funeral.
4. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**



# **SAMPLE E**

## **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

### **BEREAVEMENT LEAVE FORM FOR COSA MEMBERS**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

1. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
3. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

## **SAMPLE F**

### **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

#### **BEREAVEMENT LEAVE FORM FOR DIRECTORS ASSOCIATION**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

1. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. Days taken in accordance with this provision shall be consecutive workdays, one of which shall be the day of the funeral.
3. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

## **SAMPLE G**

### **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

#### **BEREAVEMENT LEAVE FORM FOR CONFIDENTIAL SECRETARY**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

1. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. Days taken in accordance with this provision shall be consecutive work days, one of which shall be the day of the funeral.
3. In cases where Schools and Administrative offices are closed for more than two (2) work days, provisions related to workdays will revert to calendar days.
4. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

---

**Employees Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

## **SAMPLE H**

### **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

#### **BEREAVEMENT LEAVE FORM FOR PATERSON ADMINISTRATORS ASSOCIATION**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

1. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. Days taken in accordance with this provision shall be consecutive workdays, one of which shall be the day of the funeral.
3. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

# **SAMPLE I**

## **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

### **BEREAVEMENT LEAVE FORM FOR PATERSON CUSTODIAL MAINTENANCE ASSOCIATION**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

1. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. A total of three (3) work days absence shall be granted for the death of grandchild, and two (2) work days for the death of relative residing in the immediate household.
3. One additional day for bereavement of other relatives.
4. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

## **SAMPLE J**

### **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

#### **BEREAVEMENT LEAVE FORM FOR PRINCIPALS ASSOCIATION**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

1. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
3. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

# **SAMPLE K**

## **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

### **BEREAVEMENT LEAVE FORM FOR NON-BARGAINING MEMBERS**

Request for leave of absences related to the death of spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

1. Four (4) days for spouse or domestic partner, child, parents, siblings, grandchildren, grandparents, brother/sister-in-law, spouse's parents and domestic partner's parents.
2. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
3. A form of proof must also be provided such as a death certificate, newspaper article, funeral program or a letter from the funeral home.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

**Sample L**

**PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

**BEREAVEMENT LEAVE FORM**

**LOCAL 1019-ATTENDANCE OFFICERS/PARENT LIAISON**

Request for leave of absences related to the death of spouse, civil union, domestic partner, child, parents, siblings, grandparents, spouses/civil union/domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**EXCUSABLE BEREAVEMENT:**

- a. Employees are entitled to four (4) days for spouse, civil union partner, domestic partner, child, parents, siblings, grandparents, spouse's, civil union, or domestic partner's parents.
- b. Employees are entitled to a total of three (3) calendar days leave for death of related members of the immediate household.
- c. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
- d. Immediately upon return to school from bereavement leave, employees shall complete and file with the Paterson School District a bereavement leave form.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**



## **SAMPLE M**

### **PATERSON PUBLIC SCHOOLS**

90 Delaware Avenue

Paterson, NJ 07503

### **BEREAVEMENT LEAVE FORM**

### **LOCAL 1019-FULL AND PART-TIME CAFETERIA MONITORS**

Request for leave of absences related to the death of spouse, civil union, domestic partner, child, parents, siblings, grandparents, spouses/civil union/domestic partner's parents.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**DATES OF LEAVE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

#### **EXCUSABLE BEREAVEMENT:**

- a. Employees are entitled to four (4) days for spouse, civil union partner, domestic partner, child, parents, siblings, grandparents, spouse's, civil union, or domestic partner's parents.
- b. Employees are entitled to a total of three (3) calendar days leave for death of related members of the immediate household.
- c. Days taken in accordance with this provision shall be consecutive calendar days, one of which shall be the day of the funeral.
- d. Immediately upon return to school from bereavement leave, employees shall complete and file with the Paterson School District a bereavement leave form.

**SEND FORM DIRECTLY TO MARIA GONZALEZ, STAFF ATTENDANCE OFFICE.**

---

**Employee Signature**

**Date**

---

**Principal/Supervisor Signature**

**Date**

**SAMPLE N**  
**Leave Request Form Cover Sheet**  
**Human Resources Department**  
**90 Delaware Avenue**  
**Paterson, NJ 07503**  
**Telephone (973) 321-0748/Fax (973) 321-0478**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Location: \_\_\_\_\_

Position: \_\_\_\_\_ 10 Month \_\_\_\_\_ 12 Month \_\_\_\_\_

**Please indicate if this injury is work related: Yes \_\_\_\_\_ or No \_\_\_\_\_**

Number of accumulated sick or personal days to be utilized for paid leave \_\_\_\_\_

Paid leave dates from : \_\_\_\_\_ to: \_\_\_\_\_

12 weeks of unpaid leave with Health Benefits for: Maternity, Childcare, Medical (self) or Caregiver

**Family Medical Leave Act:** \_\_\_\_\_

**New Jersey Family Leave Act:** \_\_\_\_\_

**Contractual Leave:** \_\_\_\_\_

Unpaid leave dates from : \_\_\_\_\_ to: \_\_\_\_\_

This leave runs concurrently with FMLA and NJFLA Acts (Caregiver-six weeks of paid leave from the State the of New Jersey) **New Jersey Family Insurance Act:** \_\_\_\_\_

Unpaid leave dates from : \_\_\_\_\_ to: \_\_\_\_\_

**Cobra eligibility date:** \_\_\_\_\_

Please complete the attached Department of Labor form pages 1-4 along with this request form to the Staff Attendance Office. This form is to be used for six (6) or more consecutive days of absence. Absences must be reported to the automatic system (Sub-Finder) 973-321-2370 on a daily basis. If you do not require a substitute you should contact your building administrator or immediate supervisor.

All leaves of absences with or without pay will not be approved for an indefinite period of time, therefore, a return to work or re-evaluation date must be provided. If the medical recommendation is not clear, the leave of absence may not be granted. **Also note that PEA members must fulfill the required 120 days for 10 month employees and 150 days for 12 month employees of active service (or paid leave) in order to receive an increment as per Article 12:5-2 and 12:5-3.**

Your return to work date must be reported to the Staff Attendance Office at ext. 10748, so you will be placed back on payroll. If you do not call the Staff Attendance Office you will not be placed back on payroll and therefore, will not be paid promptly. Failure to report the return to work date to the Staff Attendance Office will result in discrepancies with your calendar bank and payroll. **Failure to respond to this notice will result in the loss of your Health Care Benefits within the next termination date.**

If you have any questions please contact the Staff Attendance Office at 973 321-0748.

**PATERSON PUBLIC SCHOOLS  
HUMAN RESOURCE SERVICES  
2012-2013 SCHOOL YEAR  
FEDERAL AND NEW JERSEY MEDICAL LEAVE ACT**

**Federal Medical Leave Act** permits an employee to take leave during any 12-month period for one or more of the following reasons:

- **One occurrence in a 12 month period: District allows for 12 weeks (3 months) of paid health benefits**
- **Employees must work a full 12 month period before being eligible for additional benefits under this law.**

**For the following reasons:**

- For the birth and care of a newborn child of the employee;
- For placement with the employee of a son or daughter for adoption or foster care;
- To care for a spouse, son daughter, or parent with a serious health condition;
- To take medical leave when the employee is unable to work because of a serious health condition (self); **or**
- for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation.

**Employee eligibility:**

- Have worked for the employer for a total of 12 months;
- Have worked at least 1,250 hours over the previous 12 months.

**Employee notice:** Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take FMLA leave when the need is foreseeable and such notice practicable.

**New Jersey Family Leave Act** (Caregiver)

- **One occurrence in a 24 month period: District allows for 12 weeks (3 months) of paid health benefits**
  - **Employees must work a full 12 month period before being eligible for additional benefits under this law.**
- For the following reasons:**
- The care of a newly born or adopted child, as long as leave begins within one year of the date the child is born to or placed with the employee; or
  - The care of a parent, child under 18, spouse, or civil union partner who has a serious health condition requiring in-patient care, continuing medical treatment or medical supervision. The Family Leave Act considers parents to be: in-laws, step-parents, foster parents, re

**Employee Eligibility:**

- Each eligible employee may take up to 12 weeks of continuous leave during a given 24-month period.

**New Jersey Family Leave Insurance Benefits-Paid by the State of New Jersey**

- Claim may be filed when you care for a spouse, son daughter, parent with a serious health condition, or bond with a newborn child
- Claims may be filed for six consecutive weeks, for intermittent weeks, or for 42 intermittent days during a 12 month period beginning with the first date of the claim
- Administered through existing State Disability Benefit Program

**Rights and Responsibilities while on FMLA**

- Employees are required to pay for their portion of medical coverage while out on leave. Please make arrangements within 30 days in which to make premium payments
- 
- **At your option, we may pay your share of the premiums during FMLA leave, and recover these payments when you return to work.**

Certification of Health Care Provider for  
Employee's Serious Health Condition  
(Family and Medical Leave Act)

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 2/28/2015

**SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: \_\_\_\_\_  
First Middle Last

**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**PART A MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

**Mark below as applicable:**

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☐ No ☐ Yes. If so, dates of admission: \_\_\_\_\_

\_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☐ Yes.

Was medication, other than over-the-counter medication, prescribed? ☐ No ☐ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?  
☐ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment: \_\_\_\_\_

2. Is the medical condition pregnancy? ☐ No ☐ Yes. If so, expected delivery date: \_\_\_\_\_

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ☐ No ☐ Yes.

If so, identify the job functions the employee is unable to perform: \_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART B: AMOUNT OF LEAVE NEEDED**

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? \_\_\_ No \_\_\_ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? \_\_\_ No \_\_\_ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?  
\_\_\_ No \_\_\_ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

\_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? \_\_\_ No \_\_\_ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?  
\_\_\_ No \_\_\_ Yes. If so, explain:

\_\_\_\_\_

\_\_\_\_\_

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Health Care Provider**

\_\_\_\_\_  
**Date**

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

**Sample O**

**COMPENSATORY TIME**

**FOR**

**PATERSON PUBLIC SCHOOL EMPLOYEES**

**School/Department:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**HOURS ACCUMULATED**

<b>Dates</b>	<b>Description of Work</b>	<b>From</b>	<b>To</b>	<b>Total</b>

**GRAND TOTAL** \_\_\_\_\_

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_

**Reviewed by Principal/Appropriate Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Assistant Superintendent** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Personnel Director** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HOURS USED**

<b>Dates</b>	<b>From</b>	<b>To</b>	<b>Total</b>

**Grand Total** \_\_\_\_\_

**Total hours accumulated:** \_\_\_\_\_

**Total hours used:** \_\_\_\_\_

**Total hours left:** \_\_\_\_\_

**Employees' signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by Principal/Appropriate Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Assistant Superintendent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Executive Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## SAMPLE P

### HUMAN RESOURCE/PERSONNEL

#### MILITARY LEAVE REQUEST

NAME: \_\_\_\_\_ SCHOOL/DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

REQUEST MUST BE MADE IN ADVANCE

**List Inclusive Dates**

**Total Days**

\_\_\_\_\_

\_\_\_\_\_

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrator's Signature

Date

Please attach proper documentation. (military orders)

An employee shall be paid his/her regular pay less any pay which she/he receives from the state or federal government. \*

District Pay \_\_\_\_\_

Military Pay \_\_\_\_\_

If military pay stub is not submitted to the Department of Human Resources/Personnel, the entire District paycheck for specific time period will be withheld.

Upon return from leave, please complete the Verification of Leave section and submit it to the Department of Human Resource/Personnel.

Verification of Leave

Time was taken as requested

YES \_\_\_\_\_

No \_\_\_\_\_

**Sample Q**  
**ATTENDANCE CHANGE FORM**  
**FOR**  
**ACCUMULATED DAYS**

• **Employee Information: Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Verbal Warning Incident (Please Check )**  
#1\_\_\_\_ or #2\_\_\_\_  
**Third Incident and after (Please attach appropriate forms)**

**Employee Name (PRINT)** \_\_\_\_\_

**Time in:** \_\_\_\_\_

**Time out:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

• **Change Information:**

**Day reported as:**

**Date(s):**

- ☐ **Vacation**  
☐ **Sick**  
☐ **Personal**  
☐ **Bereavement**  
☐ **Other (specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Change day to:**

- ☐ **Vacation**  
☐ **Sick**  
☐ **Personal**  
☐ **Bereavement**  
☐ **Other (specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Administrator Signature**

**Processed by:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_

**Sample R**  
Paterson Public Schools  
**Paterson Education Association**  
90 Delaware Avenue  
Paterson, NJ 07503

**TARDY WARNING LETTER**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

Dear :

Please be advised that as of \_\_\_\_\_, you have been tardy four (4) times. According to the contractual agreement between the Paterson Public School District and the Paterson Education Association (Article 7:1-3.2-3), a fifth (5) tardy will result in the forfeiture of a half-day's pay for the fifth tardy and each tardy thereafter.

Dates

Time

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accordingly, this notice is forwarded to the Assistant Superintendent and onto the Personnel Department to notify them to process the necessary information to payroll.

Please be reminded that your timely presence at work is essential in order for us to maintain a fluid operational procedure. We thank you in advance for the attention we know you will give to this matter.

Yours truly,

\_\_\_\_\_  
Appropriate Administrator

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature

c: Dr. Laurie W. Newell, Executive Director of Human Resource Services

**SAMPLE S-I**  
Paterson Public Schools  
**Paterson Education Association**  
90 Delaware Avenue  
Paterson, NJ 07503

**TARDY DOCK LETTER**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

Dear \_\_\_\_\_

Please be advised that as of \_\_\_\_\_, you have been tardy five (5) times. According to the contractual agreement between the Paterson Public School District and the Paterson Education Association (Article 7:1-3.2-3), a fifth (5) tardy will result in the forfeiture of a half-day's pay for the fifth tardy and each tardy thereafter.

Dates

Time

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accordingly, this notice is forwarded to the Assistant Superintendent and onto the Personnel Department to notify them to process the necessary information to payroll.

Please be reminded that your timely presence at work is essential in order for us to maintain a fluid operational procedure. We thank you in advance for the attention we know you will give to this matter.

Yours truly,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Vice Principal

\_\_\_\_\_  
Appropriate Administrator

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

c: Dr. Laurie W. Newell, Executive Director of Human Resource Services

## SAMPLE S-II

Paterson Public Schools  
90 Delaware Avenue  
Paterson, NJ 07503  
(Non-PEA Members)

### TARDY WARNING LETTER

Location: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

Dear \_\_\_\_\_

Please be advised that as of \_\_\_\_\_, you have been tardy four (4) times. According to the Paterson Public School District Attendance Procedures, a fifth (5) tardy will result in the forfeiture of a half-day's pay for the fifth tardy and each tardy thereafter.

Dates

Time

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accordingly, this notice is forwarded to the Assistant Superintendent/Appropriate Administrator and onto the Personnel Department to notify them to process the necessary information to payroll.

Please be reminded that your timely presence at work is essential in order for us to maintain a fluid operational procedure. We thank you in advance for the attention we know you will give to this matter.

Yours truly,

\_\_\_\_\_  
Appropriate Administrator

\_\_\_\_\_  
Assistant Superintendent

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

c: Dr. Laurie W. Newell, Executive Director of Human Resource Services

## SAMPLE S-III

Paterson Public Schools District  
90 Delaware Avenue  
Paterson, NJ 07503  
(Non-PEA Members)

### TARDY DOCK LETTER

Location: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

Dear \_\_\_\_\_

Please be advised that as of \_\_\_\_\_, you have been tardy five (5) times. According to the Paterson Public School District Attendance Procedures, a fifth (5) tardy will result in the forfeiture of a half-day's pay for the fifth tardy and each tardy thereafter.

Dates

Time

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accordingly, this notice is forwarded to the Assistant Superintendent/Appropriate Administrator and onto the Personnel Department to notify them to process the necessary information to payroll.

Please be reminded that your timely presence at work is essential in order for us to maintain a fluid operational procedure. We thank you in advance for the attention we know you will give to this matter.

Yours truly,

\_\_\_\_\_  
Appropriate Administrator

\_\_\_\_\_  
Assistant Superintendent

I have received a copy of this notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

c: Dr. Laurie W. Newell, Executive Director of Human Resource Services

**Paterson Administrators' Association  
Work Year and Summer Schedule  
2012-2013\***

Please complete this form by listing the dates that you will work to fulfill the contractual number of work days for the 2012-2013 school year.

**15 Summer Work Days (July 1, 2012 through August 31, 2012)  
185 Staff/Student Days  
8 Additional Days Designated by Superintendent  
7 Additional Days Designated by Employee  
Total Days: 215**

Employee's Name: \_\_\_\_\_  
(Print or Type)

Building (Assignment): \_\_\_\_\_

**I. Summer Work Days (15) July 1, 2012 through August 31, 2012**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. Superintendent's Additional Days**

<u>8/17/12</u>	<u>8/20/12</u>	<u>8/21/12</u>	<u>8/22/12</u>
<u>8/23/12</u>	<u>8/24/12</u>	<u>6/27/13</u>	<u>6/28/12</u>

**III. Employee's Additional Days**

_____	_____	_____	_____
_____	_____	_____	_____

**Total Number of Days Employee Will Have Worked 2012-2013 : 215 Days**

Date: \_\_\_\_\_ Approved: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Assistant Superintendent's Signature: \_\_\_\_\_

\* The collective bargaining agreement between the District and the PAA expires on June 30, 2009. Until such time as a successor agreement is reached, all terms and conditions of employment shall remain the same as they existed in the 2008-2009 school year.

**Paterson Principals' Association  
Work Year and Summer Schedule  
2012 - 2013\***

Please complete this form by listing the dates that you will work to fulfill the contractual number of work days for the 2012-2013 school year.

**21 Summer Work Days (July 1, 2012 through August 31, 2012)  
185 Staff/Student Days  
7 Additional Days Designated by Superintendent  
7 Additional Days Designated by Employee  
Total Days: 220**

Employee's Name: \_\_\_\_\_  
(Print or Type)

Building (Assignment): \_\_\_\_\_

**I. Summer Work Days (21) July 1, 2012 through August 31, 2012**

<u>June 26</u>	_____	_____
<u>June 27</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. Superintendent's Additional Days (7)**

August 15, 2012,   August 16, 2012,   August 20, 2012,   August 21, 2012,  
August 22, 2012,   August 23, 2012,   August 24, 2012

**III. Employee's Additional Days (7)**

_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Days Employee Will Have Worked 2012-2013: **220 Days**

Date: \_\_\_\_\_ Approved: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Assistant Superintendent's Signature: \_\_\_\_\_



## SAMPLE V

# Paterson Education Association Parent Coordinator Vacation Summer Schedule

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12 month Parent Coordinators must work an 11-month schedule:

Member's Name: \_\_\_\_\_

Print or Type

Building (Assignment): \_\_\_\_\_

List the dates of days you worked during the summer.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List the dates of your vacation schedule

- |          |           |           |
|----------|-----------|-----------|
| 1. _____ | 6. _____  | 11. _____ |
| 2. _____ | 7. _____  | 12. _____ |
| 3. _____ | 8. _____  | 13. _____ |
| 4. _____ | 9. _____  | 14. _____ |
| 5. _____ | 10. _____ | 15. _____ |

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Appropriate Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Assistant Superintendent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Sample W  
Paterson Public Schools  
90 Delaware Avenue  
Paterson, NJ 07503**

**Additional Work-Day Request Form**

**Date:** \_\_\_\_\_

**Administrator's Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Request Work Date:** \_\_\_\_\_

**Purpose of working this day:**

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**Administrator's Signature:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Assistant Superintendent**  
\_\_\_\_\_ **Director**  
\_\_\_\_\_ **Principal**

**Denied:** \_\_\_\_\_  
(Signature)

All additional work-day requests must be approved five (5) days in advance. If you cannot report for work, you must notify the Administrator of your school and/or department immediately. You must complete this form and have it approved before you report to work on the requested work-day. A form must be completed for each day you are requesting to work.

Upon completion of a requested work-day, please complete the Verification Request for Work-Day section below to verify that you worked the requested day.

**Verification Request for Additional Work-Day**

**Day was worked as requested:**                      **Yes**\_\_\_\_                      **No**\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_

## SAMPLE X

Paterson Public School District  
Paterson Education Association  
90 Delaware Avenue  
Paterson, NJ 07503

### Failure to Scan-in/Scan-out Letter

Third Incident, Fourth Incident, Fifth Incident and All Thereafter

Location: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

Please be advised as of \_\_\_\_\_, you have not scanned-in/scanned-out on  
\_\_\_\_\_ occasions: \_\_\_\_\_ Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

According to the contractual agreement between the Paterson Public School District and the Paterson Education Association (Article 7:1-1 Scan-in/scan-out procedures and Article 7:1-1.2-4) after a fourth incident, employees shall be penalized by being docked as follows:

**Certificated Staff \$33.00**

**Support Staff \$16.50**

After the fifth incident (Article 7:1-1.2-5) and for each incident thereafter, the employee shall forfeit one day's pay.

Accordingly this notice is forwarded for signatures to the Assistant Superintendent and onto the Staff Attendance Office.

Please be reminded that your timely presence and, your notice of leaving the building are essential in order for us to maintain a fluid and safe operational procedure. The District thanks you in advance for the attention we know you will give to this matter.

Yours Truly,

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Appropriate Administrator**

\_\_\_\_\_  
**Vice Principal**

\_\_\_\_\_  
**Assistant Superintendent**

I have received a copy of this notice.

Signed: \_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

c: Dr. Laurie W. Newell, Executive Director of Human Resource Services

**SAMPLE Y**  
**Paterson Public School District**  
**90 Delaware Avenue**  
**Paterson, NJ 07503**  
**Failure to Scan-in/Scan-out Letter**  
**Third Incident, Fourth Incident, Fifth Incident and All Thereafter**  
**(Non-PEA Members)**

Location: \_\_\_\_\_

To: \_\_\_\_\_

Date: \_\_\_\_\_

Please be advised as of \_\_\_\_\_, you have not scanned-in/scanned-out on  
\_\_\_\_\_ occasions: \_\_\_\_\_ Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

According to the Staff Attendance Procedures of the District scan-in/scan-out procedures after a fourth incident, employees shall be penalized by being docked as follows:

**Certificated Staff \$33.00**

**Support Staff \$16.50**

After the fifth incident, and for each incident thereafter, the employee shall forfeit one day's pay.

Accordingly this notice is forwarded for signatures to the Assistant Superintendent and onto the Staff Attendance Office.

Please be reminded that your timely presence and, your notice of leaving the building are essential in order for us to maintain a fluid and safe operational procedure. The District thanks you in advance for the attention we know you will give to this matter.

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Assistant Superintendent**

Or

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Central Office Administrator**

I have received a copy of this notice.

Signed: \_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

c: Dr. Laurie W. Newell, Executive Director of Human Resource Services

**SAMPLE Z**  
**Paterson Public School District**  
**90 Delaware Avenue**  
**Paterson, NJ 07503**  
**Failure to Scan-in/Scan-out Letter**  
**Third Incident, Fourth Incident, Fifth Incident and All Thereafter**  
**Local 1019-Attendance Officers/Parent Liaison**

Location: \_\_\_\_\_

To: \_\_\_\_\_

Date: \_\_\_\_\_

Please be advised as of \_\_\_\_\_, you have not scanned-in/scanned-out on  
\_\_\_\_\_ occasions: \_\_\_\_\_ Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

According to the Staff Attendance Procedures of the District scan-in/scan-out procedures after a fourth incident, employees shall be penalized by being docked as follows:

**Attendance Officers and Parent Liaison \$11.50 per hour**

After the fifth incident, and for each incident thereafter, the employee shall forfeit one day's pay.

Accordingly this notice is forwarded for signatures to the Assistant Superintendent and onto the Staff Attendance Office.

Please be reminded that your timely presence and, your notice of leaving the building are essential in order for us to maintain a fluid and safe operational procedure. The District thanks you in advance for the attention we know you will give to this matter.

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Assistant Superintendent**

Or

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Central Office Administrator**

I have received a copy of this notice.

Signed: \_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

c: Dr. Laurie W. Newell, Executive Director of Human Resource Services

**SAMPLE AA**  
**Paterson Public School District**  
**90 Delaware Avenue**  
**Paterson, NJ 07503**  
**Failure to Scan-in/Scan-out Letter**  
**Third Incident, Fourth Incident, Fifth Incident and All Thereafter**  
**Local 1019-Full and Part Time Cafeteria Monitors**

Location: \_\_\_\_\_

To: \_\_\_\_\_

Date: \_\_\_\_\_

Please be advised as of \_\_\_\_\_, you have not scanned-in/scanned-out on  
\_\_\_\_\_ occasions: \_\_\_\_\_ Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

Occasion # \_\_\_\_\_  
Date

According to the Staff Attendance Procedures of the District scan-in/scan-out procedures after a fourth incident, employees shall be penalized by being docked as follows:

**Cafeteria Monitor \$7.75 per hour**

**Lead Monitor \$8.30 per hour**

After the fifth incident, and for each incident thereafter, the employee shall forfeit one day's pay.

Accordingly this notice is forwarded for signatures to the Assistant Superintendent and onto the Staff Attendance Office.

Please be reminded that your timely presence and, your notice of leaving the building are essential in order for us to maintain a fluid and safe operational procedure. The District thanks you in advance for the attention we know you will give to this matter.

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Assistant Superintendent**

Or

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Central Office Administrator**

I have received a copy of this notice.

Signed: \_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

c: Dr. Laurie W. Newell, Executive Director of Human Resource Services

## **Payroll Verification Procedure**

### **Administrators and secretaries in charge of attendance:**

In an effort to ensure the accurate payments of part-time employees and all overtime, a Kronos Time Detail report by cutoff dates is required to be submitted with the timesheet to the Payroll Department. The procedure for verifying timesheets for part-time employees from the Payroll Department is enclosed. If discrepancies such as failure to swipe in are found, a change form must be submitted to the Staff Attendance Office by fax (#10478) for correction prior to submitting the timesheet for payment.

The corrections should be labeled – **PLEASE CORRECT FOR THE UPCOMING PAYROLL** and will be processed immediately. Once the correction is done Staff Attendance will notify your office to let you know that you can now print the Kronos Time Detail report, attach to the timesheet, and submit to Payroll for payment.

**Cafeteria Monitors with accumulated days need to be charged when sick and/or personal days are submitted on a timesheet for payment.**

This procedure includes the following employee groups:

**Cafeteria Monitors**

**Lead Cafeteria Monitors**

**Home School Community Liaisons**

**School Community Liaisons (Attendance Officers)**

**All Overtime**

**All Per-diem Employees**

**All Part-time Employees**

Thank you for your cooperation.

Ms. Maria Gonzalez

## **Instructions for Completing Timesheets**

**Effective September 1, 2009 Payroll can not process incomplete timesheets and will be returned for appropriate completeness.**

**To ensure employees are paid accurately and timely please note the following in completing timesheets:**

- **Timesheet must have the last four (4) digits of their social security number**
- **Time must be in 15 minute increments**
- **Timesheets should include only scheduled hours worked (must correlate to swipe time)**
- **Lines drawn down the page is unacceptable; in and out times must be indicated for each day worked on the timesheet**
- **All hours must be calculated on the timesheets and agree with the grand total**
- **Timesheets must have three original signatures (not initials)**
- **Faxed copies are not acceptable**
- **Time sheets must be submitted in accordance to Payroll cut-off schedule**